U70000113999

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | , |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | į |
| | | |

Office Use Only



600293493906

01/17/17--01044--001 **125.00

7 JAN 17 AM 8: 2
ECRETARY OF STATE
THANKSEF FLORE

COVER LETTER

1

| | ration Section on of Corporations | | |
|-------------------|---|--|--|
| SUBJECT: _ | ERIC MATTHEW Name of L | HPNACK D.O., L.C. | <u>-c</u> |
| The enclosed A | rticles of Organization and fee(s) a | are submitted for filing. | |
| Please return al | l correspondence concerning this n | natter to the following: | |
| | JEROME C. L | IEBERMAN, C | ρη |
| | LIEBERMAN | Firm/Company | <u>y</u> |
| | | PACK PIKE | |
| | | Address E PA 190° City/State and Zip Code 104, Com | |
| | LCOCPA D F | City/State and Zip Code | |
| | E-mail address: (to be use | d for future annual report notific | ation) |
| For further infor | nation concerning this matter, plea | se call: | |
| Ze | Name of Person | Area Code Daytime Telepho | t 1 0 0 one Number |
| Enclosed is a cl | neck for the following amount: | | |
| \$125,00 Filing | Fee S130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 | nter Circle |

| | | _ | - | | |
|------|----|----|---|----|-----|
| ARTI | CI | ж. | _ | Ŋα | me: |

The name of the Limited Liability Company is:

ERIC MATTHEW LIPNACK, D.O. LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| 3300 NE 5794 CT | 2 AME |
| FT LAUDERDALE FL 33308 | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| ERIC | : M | LIPA | NYCK | |
|----------------|--------|-------|------------|-------|
| | N | amie | | |
| 3300 | NE | 57TH | CT | |
| Florida street | • | | T acceptai | ble) |
| FTLAUBE | ridele | FL | | 33308 |
| City | | State | | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Algent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17 JAN 17 AM 8: 22
SECRETARY OF STATE
JAN AMARCE F. STATE

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: ERICM LIPNACK | | |
|--|--|--|--|
| MGR | FT KAUD ERDALE FU 33008 | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| he date of filing.) | of filing: $1-1-2017$ (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records. | | |
| RTICLE VI: Other provisions, if any. | | | |
| | | | |
| REQUIRED SIGNATURE | ondi Do_ | | |
| This document is execut I am aware that any false | ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. | | |
| | Typed or printed name of signee | | |
| _ | | | |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)